<table>
<tr><th colspan="7" rowspan="2">CLAIMS ONLY</th><th colspan="2">Application Number 09980225</th><th>Filing Date</th></tr>
<tr><td colspan="2">Applicant(s)</td><td></td></tr>
</table>

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	10						Total Depend						
Total Claims	13						Total Claims						